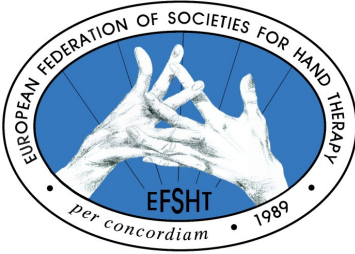


An Introduction to Hand Therapy Education










EFsHT-Guidelines

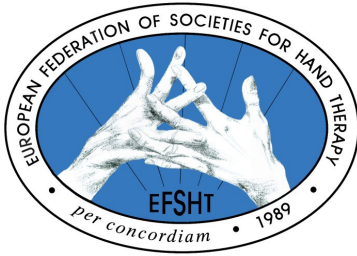




BASIC HAND THERAPY EDUCATION: EFSHT-GUIDELINES

Content

	Rationale.....3
	Course management and organisation.....3
	Course aims.....3
	Course objectives.....3
	Course structure and teaching format.....4
	Course contents.....4
	Teaching and learning strategies.....5
	Examination.....5
	Evaluation.....5



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1. Rationale

The rationale for these guidelines is to give a structure to whomever might be interested in organising an introduction course to hand therapy. The EFSHT won't organize or control courses and is not further involved in the management or examination.

Introductory hand therapy courses are designed for qualified occupational therapists or physiotherapists with minimal or no experience of hand injuries and conditions, who wish to refresh their basic knowledge of, and skills in, the field of Hand Therapy. It will promote recognition of professional competence and will improve the quality of patient care. These guidelines provide a framework for course organisers. For a Hand Therapy Profile also have a look at the EFSHT homepage.

2. Course management and organisation

- 2.1 The course management and organisation is up to the course organisers.
- 2.2 The course organisers are responsible to search for qualified teachers and tutors. The EFSHT can be requested to give support in searching for speakers.
- 2.3 Some kind of assessment of learning is recommended.
- 2.4 At the end of the course the participant should get a certificate.
- 2.5 The course organisers are responsible for the financial part.
- 2.6 The course organisers are responsible for the course evaluation.
- 2.7 The course organisers are responsible for the control of the quality of the course and the teachers/tutors.
- 2.8 A course duration of at least 2 days is recommended.

3. Course aims

To provide an opportunity for therapists to build on knowledge and skills for hand therapy acquired during courses leading to professional qualifications.

To develop the knowledge and skill base in the specialist field of hand therapy.

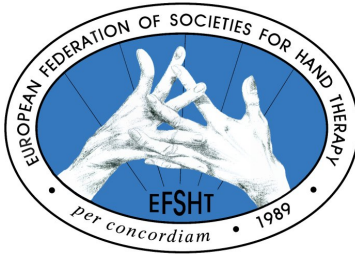
To collect points for therapists to be included in their national quality register, where possible.

To enable the course participants to treat the diagnoses discussed in the course.

4. Course objectives

At the end of the course the participants should for example be able to

- 4.1 Synthesise knowledge and understanding of anatomy of the hand and its functional application
- 4.2 Describe the need to assess the hand pre- and post-operatively following injury and during



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- disease
- 4.3 Identify and evaluate common methods of hand assessments
 - 4.4 Record assessment, objectives, and outcomes in a clear, comprehensive and concise manner
 - 4.5 Demonstrate basic knowledge of common conditions
 - 4.6 Demonstrate knowledge of common complications that are likely to be encountered from the above conditions (pain, oedema, joint stiffness, wound healing, contractures, scarring, sensory disturbance, motor weakness)
 - 4.7 Demonstrate a basic understanding and evaluation of common treatment methods
 - 4.8 As splinting is an essential part of Hand Therapy basic splinting methods are part of the course.
 - 4.9 Demonstrate basic understanding of the implications of a hand condition on daily life activities and participation (ICF)
 - 4.10 Demonstrate clinical reasoning in hand conditions.

5. Course structure and teaching format

The duration of the course has to be defined by the course organisers. The course should include lectures as well as workshops.

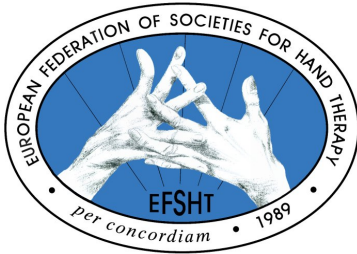
Lecture: for all candidates, can have an interactive component (discussions etc.)

Workshop: must be practical and interactive. The goal is to train the handling of assessment tools, treatment techniques, splinting etc.

6. Course Contents

If there is an exam make sure, that all aspects of the exam are covered in the course content. Please note that this is a guideline and not an inflexible and definitive programme.

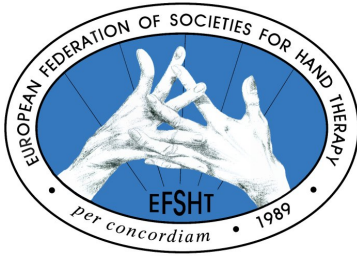
<i>Theme</i>	<i>Format suggestion</i>	<i>Content suggestion</i>
Functional anatomy of the hand, wrist and upper extremity	Lecture	bones, ligaments, muscles/tendons, nerves and their function and biomechanics
Assessments	Workshop	palpation, observation, oedema, active and passive range of motion (goniometry), strength testing (Jamar, pinch), manual muscle testing, sensation assessment (Semmes Weinstein monofilament, 2 pt. discrimination), dexterity (9-hole peg), pain scale (VAS), Functional Assessment (DASH)



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Specific conditions and treatments (surgical/medical and therapeutic)	Lectures and workshops	<p><u>Infections</u>: symptoms, treatment options, common complications</p> <p><u>Fractures</u>: fracture types, fracture healing, conservative and surgical treatment, therapeutic management including unloaded/loaded mobilisation and exercise</p> <p><u>Joints and ligaments</u>: therapeutic management of UCL lesion, palmar plate lesion, PIP subluxation.</p> <p><u>Dupuytren's</u>: knowledge about disease pattern and contributing factors, surgical approaches, therapeutic management (splinting, mobilisation, scar treatment)</p> <p><u>Flexor tendons</u>: surgical management, tendon healing, zones, therapeutic management (splinting, mobilisation)</p> <p><u>Extensor tendons</u>: zones and differences in therapeutic management (splinting, tendon healing, mobilisation)</p> <p><u>Soft tissue and scars</u>: wound healing, scar management (massage, silicone, compression)</p> <p><u>Nerves</u>: nerve healing, de-sensitisation, sensory re-education</p> <p><u>Joint affections</u>: osteoarthritis CMC I, finger joints. Boutonnière and Swan neck deformity.</p>
Complications	Workshop	Oedema, joint stiffness, scarring and contractures, pain
	Lecture	CRPS (medical and therapeutic management)
Splinting	Practical demonstration and workshop	finger splints, Stack-splint, skier's-thumb, dorsale blocking splint (tendons), wrist cock-up, thumb spica splint, resting hand splint
Manual mobilisation and exercise	Practical demonstration and workshop	Biomechanical aspects (joint shape, roll-gliding), grip technique. Exercise principles.
Evidence Based Practice		Should be included in the course
Clinical Reasoning		Should be included in the course

Ideas for additional sessions: wrist, CMC I osteoarthritis, ergonomics, burns, compression syndromes, psychology of injury, practical splinting



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7. Teaching and Learning Strategies

The strategies selected should facilitate the achievement of the course aims and objectives. Course organisers are encouraged to adopt strategies which will foster participants' reflection on their learning and which ensure the integration of theoretical learning into clinical practice. A variety of methodology should be included in the programme: lectures, discussions, practical demonstrations, experiential sessions, workshops.

8. Assessment of learning

Some kind of assessment is highly recommended. It is up to the course organisers if the assessment consists in a written or oral exam or for example a case study.

9. Evaluation

Course evaluation should be carried out by both participants and course organisers. The evaluation form should include detailed feedback for all lectures and workshops and have free space for comments.